Gift to Agency Report	A Public D	ocument		GIFT TO AGENCY REPO
. Agency Name			Date Stamp	California OO
Governor's Office		1	:	Form OU
Division, Department, or Region	n (if applicable)			For Official Use Only
Street Address				
State Capitol, Sacramento, C				
1	-mail	☐ A	Amendment (explain in comment section)	
(916) 445-0873 Agency Contact (name and title)		Date of Original Filing:		
Dan Maguire, Deputy Legal A	ffairs Secretary			(month, day, year)
. Donor Name and Address				
	r Arnold First Name	Other		Name
State Capitol	Sacramento		CA	95814
Address	City		Stale	Zip Code
:			·	i .
If "Other" is marked, describe the entity's bu	isiness activity (if business) or its nature and inte	erests.		
If applicable, identify the name of	each source and the amount(s) solici	ted or received by the	donor for this	gift:
	c			œ.
Name	Amount	Na	me	Amount
. Payment Information				
Date and Amount of Paymen	t (other than travel) See Exh. A	s See	Exh. A	
· .	(month, day, year)	(Round	whole dollars)	· · · · · · · · · · · · · · · · · · ·
Travel Payment Information	Round to whole dollars) Location of	Travel		
				ž.
Date(s) of Travel Transp	portation Expenses Lodging Expenses	\$ Meal Expenses	\$Other Exper	S Total Expenses
• • • • • • • • • • • • • • • • • • • •	tion of the nature and use of			
	onated cigars and candles to the (· ·
service to the People of the S	tate of California, recognition of le		1	
•	tive gifts to visiting dignitaries.			
Identify the officials for wh	nom the payment was used:			
Can Ful A				
See Exh. A.	First Name	Title	-	Department/Division
Last Name	First Name	Tille	-	Department/Division
Verification				***************************************
<u> </u>	nterests of the agency to accept this (aift and use it for the	official agency	weiness described ob
n nove ucternimicu triat it is in trie ii	neresis of the agency to accept this t	ynt a nd use it ior the t	omoiai ayency t	Juaniaaa uaaciibeu augve.
<-T/				2/11/10
Signature of Agency Head or Designee	Susan Kennedy Print Name	Chief of Stat	f Title	9/16/04
Organization of Anglation Floor of Designee	The radius		,100	intoinin, day, year)
Comment: (Use this space or an at	tachment for any additional information.)		1	#

Exhibit A

Cigars

No, of boxes	Donation Date	Value
10	February, 2008	\$630
10	June, 2008	\$630
10 ,	October, 2008	\$630
Tot a i		\$1,890

Candles

No.	Donation Date	<u>Value</u>
36 ,	May, 2008	\$3,420

State Officials Who Re		
Nam e	<u>Title</u>	Department/Division
Lara Azar	Special Assistant for Exec. Comms.	Governor's Office
Karen Baker	Secretary of Service and Volunteering	California Volunteers
Victoria Bradshaw	Cabinet Secretary	Governor's Office
Cynthia Bryant	Dep. Chief of Staff/Director	Governor's Office/OPR
Trish Fontana	Director of Special Projects	Governor's Office
Jane Imperato	Director of Special Projects	Governor's Office
Lauren Luttig	Deputy Chief of Protocol	Governor's Office
Sharon Majors-Lewis	Judicial Appointments Secretary	Governor's Office
Rosar i o Marin	Secretary	State & Con. Services Agency
Ana Matosantos	Chief Deputy Director	Department of Finance